

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90180 031 ***150.00

DOCUMENT # H35232

1. Entity Name

RANDCOR, INC.



Principal Place of Business

1025 ASSISI LANE
ATLANTIC BEACH FL 32233

Mailing Address

1025 ASSISI LANE
ATLANTIC BEACH FL 32233



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10.06)

City & State

City & State

4. FEI Number 59-2542475

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES E. PITTS III
1025 ASSISI LANE
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	PITTS, JAMES E., III	
STREET ADDRESS	1025 ASSISI LANE	
CITY - ST - ZIP	ATLANTIC BEACH FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	PITTS, JANE M.	
STREET ADDRESS	1025 ASSISI LANE	
CITY - ST - ZIP	ATLANTIC BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	PITTS, JAMES E., III	
STREET ADDRESS	1025 ASSISI LANE	
CITY - ST - ZIP	ATLANTIC BEACH FL 32233	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PITTS, RANDALL A RANDALL	
STREET ADDRESS	1025 ASSISI LANE	
CITY - ST - ZIP	ATLANTIC BEACH FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES E. PITTS III
SUM & C.M. III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07

Date

(904) 249 6447

Daytime Phone